IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF PUERTO RICO

IN RE * BKRTCY. NO. 19-06121 MCF

ACEVEDO VELAZQUEZ, PABLO IVAN * CHAPTER 13

**
DEBTOR

**
DEBTOR

DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I "& "J" OFFICIAL FORM 106I & 106J

TO THE HONORABLE COURT:

COMES NOW, PABLO IVAN ACEVEDO VELAZQUEZ, the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

- 1. The Debtor is hereby submitting **Amended Schedules "I" and "J"**, dated July 29, 2021, herewith and attached to this motion.
- 2.The *Amended Schedule "I"* is filed to inform the Debtor's actual income, including the Debtor's new workplace ("Departamento de la Vivienda") and the *Amended Schedule "J"* is filed to inform the Debtor's actual monthly expenses and new disposable income to fund the Debtor's proposed modified Plan dated 07/29/2021, in the above captioned case.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

Page -2-Notice of Amended Schedules "I" & "J" Case no. 19-06121 MCF13

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and to all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the Debtor and to all creditors and interested parties appearing in the master address list (CM/ECF non-participants), hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 29th day of July, 2021.

/s/Roberto Figueroa Carrasquillo
USDC #203614
RFIGUEROA CARRASQUILLO LAW OFFICE PSC
ATTORNEY FOR the DEBTOR
PO BOX 186 CAGUAS PR 00726
TEL NO 787-744-7699; 787-963-7699
Email: rfc@rfigueroalaw.com

Control of							
	in this information to identify your cabtor 1 PARLO IVAN	se: N ACEVEDO VELAZ	OUEZ				
	btor 2	VACEVEDO VELAZ	QUEZ				
158.59%	ited States Bankruptcy Court for the:	DISTRICT OF PUER	TO RICO, SAN JUAN				
	se number 3:19-bk-6121		_	C	check if this is	:	
					An amende A supplement income as a	ed filing ent showing postp of the following da	etition chapter 13
-	fficial Form 106I				MM / DD/ Y	YYYY	
	chedule I: Your Inco						12/1
atta	plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. O Describe Employment Fill in your employment information.	Spouse is not filling wit	n vou, do not include i	nformation abo	ut your spou number (if kn	se. If more spac own). Answer e	e is needed, very question.
	If you have more than one job,		■ Employed		□ Emple	or non-filing sp	ouse
	attach a separate page with information about additional employers.	Employment status	☐ Not employed			☐ Not employed	
		Occupation	Electrician				
	Include part-time, seasonal, or self-employed work.	Employer's name	Departamento de	Vivienda			
	Occupation may include student or homemaker, if it applies.	Employer's address	Ave Barbosa #606 Hato Rey, PR 009				
		How long employed th	ere? 1 months				
Par	Give Details About Mont	hly Income					
stir	nate monthly income as of the date so you are separated.	e you file this form. If yo	ou have nothing to report	for any line, write	\$0 in the spa	ce. Include your r	non-filing spouse
f you pac	or your non-filing spouse have more e, attach a separate sheet to this form	than one employer, comb	ine the information for all	employers for th	at person on t	the lines below. If	you need more
				For	Debtor 1	For Debtor 2 o	
2.	List monthly gross wages, salary, deductions). If not paid monthly, calc	, and commissions (bef culate what the monthly w	ore all payroll vage would be.	2. \$	3,644.94	\$	N/A
3.	Estimate and list monthly overtime	ne pay.		3. +\$	0.00	+\$	N/A
4.	Calculate gross Income. Add line	2 + line 3.		4. \$ 3	,644.94	\$N	/A

Schedule I: Your Income

Deb	tor 1	ACEVEDO VELAZQUEZ, PABLO IVAN	_	Cas	se number (if known)	3:19	9-bk-6121
				F	or Debtor 1		r Debtor 2 or n-filing spouse
	Cop	by line 4 here	4.	\$	3,644.94	\$_	N/A
5.	List	t all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	473.90	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	*-	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	š-	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	<u>\$</u> -	N/A
	5e.	Insurance	5e.	\$	74.75	\$-	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g.	Union dues	5g.	\$	0.00	\$_	N/A
	5h.	Other deductions. Specify: AEE 11%	5h.+	- \$	400.94	+ \$	N/A
		RA PREST PERS RETIRO AEE	_	\$	578.28	\$	N/A
		Ahorros AEELA		\$	109.35	\$	N/A
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,637.22	\$	N/A
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,007.72	\$	N/A
8.	8a. 8b. 8c. 8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8a. 8b. 8c. 8d. 8e.	\$\$ \$\$\$ \$\$\$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	N/A N/A N/A N/A N/A N/A
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$_	N/A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,007.72 + \$		N/A = \$ 2,007.72
11.	othe Do r	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dear friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not available:	ependen		and the control of th		dule J. 11. +\$0.00
12.	Add	I the amount in the last column of line 10 to the amount in line 11. The resu	ult is the	con	nbined monthly inc	ome.	

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain:

Fill	in this information to identify you	ır case:				
Debtor 1 PABLO IVAN ACEVEDO VELAZQUEZ					eck if this is:	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			An amended filing	
	otor 2				A supplement show	ving postpetition chapter 13
(Sp	ouse, if filing)				expenses as of the	following date:
Unit	ted States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO, SADIVISION	AN JUAN		MM / DD / YYYY	
Cas	e number 3:19-bk-6121					
(If k	nown)					
0	fficial Form 106J					
S	chedule J: Your E	xpenses				12/15
info (if I	ormation. If more space is need (nown). Answer every question		filing together, both a orm. On the top of any	are equa / additio	lly responsible for s nal pages, write you	supplying correct ur name and case number
Par	Describe Your Househ Is this a joint case?	old				
1.	_					
	No. Go to line 2.					
	Yes. Does Debtor 2 live in	a separate household?				
	☐ No ☐ Yes. Debtor 2 must	file Official Form 106J-2,Expenses for	or Separate Househol	dof Debto	or 2.	
2.	Do you have dependents?	□ No				
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the					■ No
	dependents names.		Son		20	☐ Yes
						■ No
			Son		18	☐ Yes
						□ No
						Yes
						□ No
3.	Do your expenses include					☐ Yes
	expenses of people other tha yourself and your dependent					
	2: Estimate Your Ongoing					
exp	imate your expenses as of you enses as of a date after the ba dicable date.	r bankruptcy filing date unless yo nkruptcy is filed. If this is a supple	u are using this form emental <i>Schedule J</i> , c	as a sup heck the	pplement in a Chapt box at the top of the	ter 13 case to report ne form and fill in the
Incl	ude expenses paid for with no	n-cash government assistance if y	ou know the	To an		
valu		e included it on <i>Schedule I: Your II</i>			Your expe	enses
4.	The rental or home ownership payments and any rent for the g	p expenses for your residence. Incround or lot.	clude first mortgage	4.	\$	0.00
	If not included in line 4:					
	4a. Real estate taxes			4a.	\$	0.00
	4b. Property, homeowner's, o	or renter's insurance		4b.		0.00
	•	air, and upkeep expenses		4c.	\$	20.00
_	4d. Homeowner's association			4d.		0.00
5.	Auditional mortgage paymen	ts for your residence, such as hom	e equity loans	5.	D	0.00

Debtor 1	ACEVEDO VELAZQUEZ, PABLO IVAN	Case number (if known)	3:19-bk-6121
6. Util	lities:		
6a.	Electricity, heat, natural gas	6a. \$	30.00
6b.	Water, sewer, garbage collection	6b. \$	35.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	151.97
6d.	Other. Specify: Gas (stove)	6d. \$	20.00
7. Foo	od and housekeeping supplies	7. \$	242.00
	ildcare and children's education costs	8. \$	0.00
	othing, laundry, and dry cleaning	9. \$	20.00
	rsonal care products and services	10. \$	42.00
	dical and dental expenses	11. \$	20.00
	Insportation. Include gas, maintenance, bus or train fare.	•	20.00
	not include car payments.	12. \$	148.00
	tertainment, clubs, recreation, newspapers, magazines, and books	13. \$	15.48
4. Ch	aritable contributions and religious donations	14. \$	0.00
5. Ins	urance.		
Do	not include insurance deducted from your pay or included in lines 4 or 20.		
15a	a. Life insurance	15a. \$	0.00
15b	b. Health insurance	15b. \$	0.00
150	c. Vehicle insurance	15c. \$	0.00
150	d. Other insurance. Specify:	15d. \$	0.00
	kes. Do not include taxes deducted from your pay or included in lines 4 or 20.		5.55
	ecify:	16. \$	0.00
	tallment or lease payments:		
17a	a. Car payments for Vehicle 1	17a. \$	453.27
17b	c. Car payments for Vehicle 2	17b. \$	0.00
170	c. Other. Specify:	17c. \$	0.00
170	d. Other. Specify:	17d. \$	0.00
8. Yo i	ur payments of alimony, maintenance, and support that you did not repor		
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 10	6I) . 18. \$	600.00
	ner payments you make to support others who do not live with you.	\$	0.00
	ecify:	19.	
	ner real property expenses not included in lines 4 or 5 of this form or on S		
	Mortgages on other property	20a. \$	0.00
	. Real estate taxes	20b. \$	0.00
	. Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$	0.00
	Homeowner's association or condominium dues	20e. \$	0.00
1. Oth	ner: Specify:	21. +\$	0.00
2 Cal	culate your monthly expenses		
	Add lines 4 through 21.	\$	1 707 72
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106,		1,797.72
	ACCIDITATION OF THE STATE OF TH		
220	Add line 22a and 22b. The result is your monthly expenses.	\$	1,797.72
3. Cal	culate your monthly net income.		
	. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2,007.72
23b	. Copy your monthly expenses from line 22c above.	23b\$	1,797.72
			.,
23c	. Subtract your monthly expenses from your monthly income.		
	The result is your monthly net income.	23c. \$	210.00
For	you expect an increase or decrease in your expenses within the year afte example, do you expect to finish paying for your car loan within the year or do you expec lification to the terms of your mortgage?	r you file this form? et your mortgage payment to inc	crease or decrease because of a
	No.		
	Yes. Explain here:		

Debtor 1	PABLO IVAN ACEVEDO VELAZQUEZ					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF PUERTO RICO, SAN JUAN DIVISION				
Case number	3:19-bk-6121					

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attor	ney to help you fill out bankruptcy forms?
■ No	
☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have read the summer that they are true and correct. X PABLO IVAN ACEVEDO VELAZQUEZ Signature of Debtor 1 Date July 29, 2021	X Signature of Debtor 2

Label Matrix for local noticing 0104-3 Case 19-06121-MCF13 District of Puerto Rico Old San Juan Thu Jul 29 11:44:05 AST 2021

US Bankruptcy Court District of P.R. Jose V Toledo Fed Bldg & US Courthouse 300 Recinto Sur Street, Room 109 San Juan, PR 00901-1964

Banco Popular de Puerto Rico Bankruptcy Department PO Box 366818 San Juan, PR 00936-6818

Cavalry SPV I, LLC 500 Summit Lake Drive, Ste 400 Valhalla, NY 10595-2321

Citibank NA PO Box 790110 St Louis, MO 63179-0110

DEPARTMENT OF TREASURY

BANKRUPTCY SECTION 424 B

PO BOX 9024140

SAN JUAN, PR 00902-4140

LVNV Funding, LLC Resurgent Capital Services PO Box 10587 Greenville, SC 29603-0587

(p) PORTFOLIO RECOVERY ASSOCIATES LLC PO BOX 41067 NORFOLK VA 23541-1067

Syncb/Sams Club DC PO Box 965005 Orlando, FL 32896-5005

Thd/Cbna PO Box 6497 Sioux Falls, SD 57117-6497 POPULAR AUTO PO BOX 366818 SAN JUAN, PR 00936-6818

American Express National Bank c/o Becket and Lee LLP PO Box 3001 Malvern PA 19355-0701

COOPERATIVA A/C LAS PIEDRAS APARTADO 414 LAS PIEDRAS PR 00771-0414

Cbna PO Box 6497 Sioux Falls, SD 57117-6497

Coop A/C Piedras PO Box 252 Las Piedras, PR 00771-0252

Departamento de Hacienda PO Box 9024140 San Juan, PR 00902-4140

POPULAR AUTO
BANKRUPTCY DEPARTMENT
PO BOX 366818
SAN JUAN PUERTO RICO 00936-6818

Sistema de Retiro AEE PO Box 70375 San Juan, PR 00936-8375

Synchrony Bank c/o PRA Receivables Management, LLC PO Box 41021 Norfolk VA 23541-1021

Toyota Credit de Puerto Rico PO Box 9013 Addison, Texas 75001-9013 TOYOTA CREDIT DE PUERTO RICO MARTINEZ & TORRES LAW OFFICES PSC PO BOX 192938 SAN JUAN, PR 00919-3409

Amex PO Box 981537 El Paso, TX 79998-1537

Cavalry Portfolio Serv 500 Summit Lake Dr Valhalla, NY 10595-2322

Citi PO Box 6190 Sioux Falls, SD 57117-6190

Costco Wholesale Corporation 999 Lake Dr Issaquah, WA 98027-5367

(p) JEFFERSON CAPITAL SYSTEMS LLC PO BOX 7999 SAINT CLOUD MN 56302-7999

Popular Auto Leasing PO Box 362708 San Juan, PR 00936-2708

Syncb/Jc Penney Pr PO Box 965007 Orlando, FL 32896-5007

Synchrony Bank c/o of PRA Receivables Management, LLC PO Box 41021 Norfolk, VA 23541-1021

Toyota Motor Credit Co PO Box 9786 Cedar Rapids, IA 52409-0004 ALEJANDRO OLIVERAS RIVERA ALEJANDRO OLIVERAS CHAPTER 13 TRUS PO BOX 9024062 SAN JUAN, PR 00902-4062 MONSITA LECAROZ ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

PABLO IVAN ACEVEDO VELAZQUEZ HC04 BOX 8360 AGUAS BUENAS, PR 00703-8851

ROBERTO FIGUEROA CARRASQUILLO PO BOX 186 CAGUAS, PR 00726-0186

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Jefferson Capital Systems LLC Po Box 7999 Saint Cloud Mn 56302-9617 Portfolio Recovery Associates, LLC POB 12914 Norfolk VA 23541 End of Label Matrix
Mailable recipients 33
Bypassed recipients 0
Total 33